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** CONTINUING DATA *****

This application is a CIP of 09/433,449 11/04/1999 PAT 6,280,420
 and is a CIP of 09/434,036 11/04/1999 PAT 6,254,575
 and is a CIP of 09/619,190 07/19/2000 PAT 6,592,556
 and claims benefit of 60/254,506 12/08/2000
 and claims benefit of 60/275,810 03/14/2001 ABN
 and claims benefit of 60/275,886 03/14/2001
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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/27/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY UT	SHEETS DRAWING 59	TOTAL CLAIMS 93	INDEPENDENT CLAIMS 11
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

SAFETY SHIELD FOR MEDICAL NEEDLES

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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2964	No. _____ for following:	<div data-bbox="1015 138 1461 199">time)</div> <div data-bbox="1015 199 1461 262"><input type="checkbox"/> 1.18 Fees (Issue)</div> <div data-bbox="1015 262 1461 325"><input type="checkbox"/> Other _____</div> <div data-bbox="1015 325 1461 361"><input type="checkbox"/> Credit</div>
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